



# CAMHD Newsletter

## Chief's Message

by Christina M. Donkervoet, A.P.R.N

I am excited to report that CAMHD had recently been able to introduce two new initiatives to our system that I strongly believe will have dramatic impact on our future.

In August, there was a Youth & Young Adult Summit entitled *“Hele On: Helping Every Leader Envision Our Need.”* Many of our youth and young adults gathered to help us design a proposal for a Young Adult Support Organization. They gathered to share their stories in an effort to teach us about what supports they need to be successful in their young adult years. Based upon the important work of those that participated in this process, CAMHD will be drafting a Request for Proposals (RFP) for a youth/young adult-led organization that will provide support, guidance, training, and advocacy for our young people with emotional and behavioral challenges. This was a moving, dynamic and meaningful summit. I thank all of the summit participants for their involvement.

In a conference held just this week, CAMHD had the opportunity to celebrate the “true” beginning of the SAMHSA grant that the state has received to reduce, and potentially eliminate, the use of seclusion and restraint in residential treatment facilities. The *Cultures of Engagement in Residential Care (CERC)* training event that occurred on September 14<sup>th</sup> and 15<sup>th</sup> served to bring provider agencies and state personnel together in an effort to focus our attention on developing practices to assure safe and effective therapeutic care for our youth in residential care. Staff from the Queen’s Family Treatment Center, Kids Behavioral Health, Marimed Foundation, Hale Opio, Maui Youth and Family Services, Bobby Benson, Hale Kipa, Catholic Charities, and Hawaii Center for Children joined in this important event.

The *Hawaii CERC Project* will focus on the development of engaged, coercion-free cultures throughout our residential programs. This is an important initiative in our system as it guides us in a movement from control-based approaches to partnerships and empowerment-based treatment programs. The *CERC Project* will introduce the principles and values of Trauma Informed Care (TIC) across our system, and will provide Positive Alternatives Teams (PAT) for technical assistance and peer support as we move through this important change to our system.

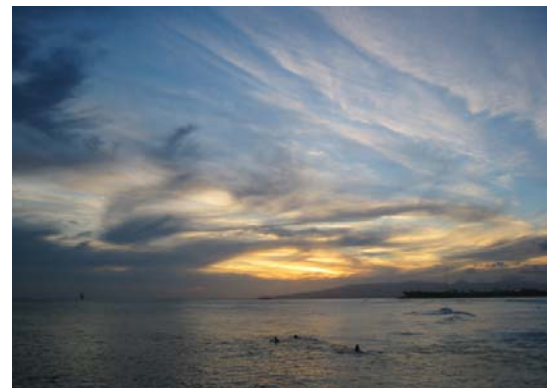
I want to thank all the agencies that have already become involved in this project for your collegial partnerships and willing to openly share expertise and challenges. I strongly encourage all agencies to begin a review of your agencies’ mission and vision statements, and consider the development of protocols surrounding a restraint-free environment. You might begin this process by incorporating meaningful evaluation and teaching when any incidents result in the use of either seclusion or any type of restraint. The use of these moments as “teachable opportunities” will help guide the development and expertise of the line staff and program managers.

These two new additions to our system support us in our effort to partner collaboratively with our youth as we look to provide them with effective services, treatment and supports.

Looking forward, we anxiously and yet hesitantly await news about pending SAMHSA system of care grants that may introduce additionally exciting opportunities to our system. We continue our work on the drafting of the RFP for comprehensive mental health services effective July 1, 2006. This RFP is targeted for a November release date. We look forward to ongoing partnerships with our contracted agencies, youth, and families and appreciate your willingness to develop expertise with us as our system matures.

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## THE GALLERY

There are many hidden talents in the halls of the CAMHD and when given the opportunity we like to share these talents with everyone else. Kris Jenkins, former assistant editor of this newsletter and one of CAMHD's performance monitors shares her talent in capturing sights and scenes with a camera. Scenic photos found throughout the newsletter were taken by Kris and as you can see the photos are great. This may be your last opportunity to enjoy these beautiful photos because Kris has left CAMHD to work as a Residential Therapist and pursue her Clinical level licensure and her Certified Substance Abuse Counselor certification. Maybe we can get Kris to send us new photos for later newsletters and still be able to enjoy her talent. Mahalo and Good Luck to Kris.



## **“Navigating the pathways to Hawaii’s system of care”**

*Presentation by Virginia Shaw , Maui Family Guidance Center Chief*

Virginia R. Shaw, Ph.D., Branch Chief of the Maui FGC presented the following at the Portland State University’s Research and Training Center on Family Support and Children’s Mental Health 2005 Building Family Strengths Conference that was held in Portland, Oregon, in June of this year:

*“Navigating the pathways to Hawaii’s system of care: Exploring the evidence-based service links between youth, families and communities.”*

This 12<sup>th</sup> annual conference included youth and family members, researchers, service providers, administrators and advocates which served as a forum for discussion and presentations of exploring the transformation of services to, and improving outcomes for, children and youth with emotional and behavioral difficulties and their families. Virginia will also present the following poster presentation at the Hawaii Psychological Association's (HPA) Annual Meeting on Friday, October 28, 2005, at

the South Pacific/Sea Pearl Suites, Hilton Hawaiian Village:

*"Advances in Hawaii's Children's Mental Health System: The Felix Consent Decree Years"*

HPA will hold their annual meeting from October 27-28, 2005.



## WHAT ARE EVIDENCED BASED SERVICES AND WHAT DO THEY HAVE TO DO WITH ME?

You may have heard the term Evidenced Based Services before. Lots of us have, but exactly what does it mean and why is it important to providing good treatment to the children and adolescents we serve? The picture below shows the current Evidenced Based Services committee here at CAMHD.

It is a group of both professionals and parents of children with mental health challenges that work together to look at the tough question of, what works to help kids with their mental health problems and how do we know that it works? Much of the homework for this group is very labor intensive. Everyone reads recent research articles that meet stringent criteria. We only review articles that have randomly selected people to participate and where the study is 'blind' meaning that the people who have volunteered do not know if they are getting treatment or not. This can be tough reading but everyone does it because know it is important to give children and adolescents treatment that is effective. The families we serve give us the gift of their trust when they come to us for services and we want to make sure we provide the right services to fit their needs.

The Evidence Base is the 'science' part of treatment, the other part of treatment is the relationship building and developing an understanding of the unique needs of the children and families, and these parts are never mutually exclusive. The interdependency of these aspects is an important reason behind the diversity of the Evidenced Based Services Committee. We don't just want one perspective even within our own group. It is very different to just read about a child with a mood disorder than it is to have someone with this challenge within your family.

Both these perspectives exist in the group and enrich our work.

One of the main challenges of the Evidenced Based Services Committee is getting the information out to people who need it. You can check out the



EBS section on the CAMHD website and look at our 'tip of the week'. We are also trying to develop more user-friendly materials. You may not have seen a picture of this committee before and you may wonder about the shirts. No, we do not always wear the same clothes! This is a shirt commemorating our award as 'DOH Team of The Year 2003'. We just got the shirts last month but hey, the work is its own reward!



### New CAMHD Staff

**Michelle Bacos**, Maui FGC, Clerk Typist

**Lianne Ikemoto**, Clinical Services Office

**Keith Izawa**, Central Oahu FGC

**Teru Morton**, Transition Specialist

**Andrew Tseu**, Performance Management

**Takashi Yoshikawa**, Billing Clerk

***One generation plants the  
trees; another gets the shade.***

*Chinese Proverb*



# Issues in Psychopharmacology: Melatonin for Sleep

by Melissa Sinkus, M.D.

Sleep problems in children can be most distressful for parents and are surprisingly common in children with neurodevelopmental and psychiatric conditions. However, they often present a quandary for the clinician because both environmental and biological factors can be involved, and because there are many different varieties of sleep disturbance. In insomnia, for example, the problem can mean difficulty getting to sleep, or waking up multiple times during the night, or waking in the wee hours of the morning. It can be due to disturbances of the child's own biological clock that are either due to a neurological condition or to an environment that is not conducive to winding down for sleep for various reasons, or to some combination of both.

Environmental and behavioral interventions are tried first. These might include development of a regular bedtime routine, reorienting the bed away from brightly lit windows or doorways, or the use of music or ear plugs to screen out excess noise (especially those darn roosters). When these fail, clinicians and parents often look to medications in the hopes of solving the problem.

As a psychiatrist, I have always felt somewhat at a loss when families come to me for medication with a child who can't sleep. I realized, after some deliberation, that this might be because there are no really good sleep medications for children. There are barbiturates, which can cause cognitive problems, tolerance, and withdrawal. There are a number of benzodiazepines on the market for adults, but these have not been studied in children. Many child psychiatrists tend to shy away from the benzodiazepines because children more commonly experience a phenomenon called paradoxical disinhibition, where a child becomes wildly agitated and disinhibited (we're talking dancing on the tables with a lampshade on your head, or

worse). It's also common to try small doses of a sedating antidepressant like trazodone or Remeron, but in my experience tolerance to the sedating effects often develops necessitating higher and higher doses. It seems like a popular fad these days to use Seroquel, a second generation antipsychotic medication, but given the possibility of inducing the potentially fatal neuroleptic malignant syndrome, or a permanent and disfiguring movement disorder like tardive dyskinesia, this seems rather irresponsible.

For many years some chiropractors and other alternative/complementary health practitioners have promoted the use of melatonin, a naturally produced sleep inducing hormone, for both sleep and anxiety problems. The medical establishment has long scoffed this practice as having no basis in scientific fact. However, it seems that while we weren't looking, there have been at least 10 randomized, placebo controlled trials of melatonin for sleep in children with a variety of neurodevelopmental disorders including Rett's Disorder, epilepsy, and mental retardation, as well as primary sleep disorders.

All of these studies were done with relatively small numbers of children, ranging from 6 to 62 participants, and were short term, from 2 to 6 weeks. Melatonin doses ranged from 1 to 12 mg, averaging 3 to 7 mg taken once in the evening. All of these studies showed melatonin to be significantly better than placebo on some measure of sleep quality. Virtually all studies showed an improvement in sleep latency, which is the time it takes to fall asleep after settling into bed. Only a few studies showed an increase in total sleep time, suggesting that the subjects

may be falling asleep faster but awakening at some other time during the night. One group (Jan et. al.) is using a controlled release formulation of melatonin that demonstrated a decrease in awakenings during the night compared to the immediate release formula, in addition to improving sleep latency. There were few reports of side effects in any of the studies.

Based on the information available, melatonin is a safe and effective alternative for childhood sleep problems, at least in the short term (2 to 6 weeks) studied so far. Whether it continues to be useful for long-term use in chronic sleep conditions remains uncertain, and awaits the completion of some more long-term studies of its use.

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## Congratulations Pua! CAMHD Employee of the Quarter April—June 2005



Hui Holomua is happy to announce that the recipient of the CAMHD Employee of the Quarter is Pua Paul. Pua is a Practice Development Specialist in the Clinical Services Office. On September 1, 2005, Pua was honored at a CSO staff meeting with a \$50 gift card generously donated by EMT members and a certificate of appreciation signed and presented by CAMHD Division Chief, Tina Donkervoet. Pua and staff were moved to tears by the outpouring of appreciation for Pua's dedication, service and accomplishments in CAMHD.

Pua's contributions to CAMHD are summarized from quotes on the nomination

forms:

*"I am delighted to have this opportunity to highlight the outstanding contributions Pua Paul has made to CAMHD. She is someone who has served the children and youth of Hawaii with outstanding dedication and selflessness for many years."*

*"Pua's on-going, tireless commitment to the development of an excellent system of care has been highlighted over the past several month by her work on the revision of the IPSPG. Pua stepped into a leadership role because she saw the great need for direction and planning on the project. She has devoted a great deal of time and energy to seeing it through, even though her other job duties have not been taken away. Pua's many late nights and the heroic sacrifice of her time on weekends and holidays in order to meet deadlines on this project are further evidence of her dedication to Public Service and CAMHD."*

*"Pua's deep understanding of the perspective or a range of people in our system including care coordinator, supervisor, youth and family members, has been in-*

*valuable to CAMHD's central office on several recent key projects. These projects included the development and dissemination of the SEBD program, the development of numerous policies and procedures and the development on an ongoing forum for MHSI's as well as the IPSPG revision."*

*"Pua is creative and innovative. She is generous and gives without expecting anything in return. She is fun and spirited. She is honest and she tells it like it is. She is a perfectionist in her work."*

*"Pua is someone that everyone can and does count on in countless ways. She makes employees better servants for CAMHD, she makes CAMHD a better place to work and she makes CAMHD produce better results."*

Please join us in congratulating Pua!

P.S. The next Employee of the Quarter nominations will be due November 15. Everyone will receive an email message reminder so watch for this and be thinking of who you might want to nominate!

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### Research & Evaluation Training Program

CAMHD and the Psychology Department at the University of Hawaii at Manoa (UHM) have recently joined together to create the CAMHD-UH Research and Evaluation Training Program (RETP). Begun in November 2004, this effort is a collaborative partnership designed to support CAMHD's research and evaluation efforts and to create service-learning opportunities for advanced graduate students in applied behavioral health research and evaluation. These service-learning experiences promote new career paths in behavioral health and public service, prepare developing professionals for leadership roles in behavioral health service systems, and integrate system of care principles, high ethical standards, and commitment to quality scientific endeavors. Experiences are fostered through providing research and evaluation services to CAMHD and its

partners that aim to generate new knowledge, produce new decision support tools, and improve the quality of Hawaii's child and adolescent system of care.

RETP is lead by Eric Daleiden, Ph.D., CAMHD's Research and Evaluation Specialist, and Charles Mueller, Ph.D., Professor of Social and Clinical Psychology and the Director of the Clinical Studies Program within the Department of Psychology at UHM. Ryan Tolman, B.A., and Brad Nakamura, M.A. staff this year's team. Additionally Susan Watson, Ph.D. recently joined the team on a part-time basis while also working on other CAMHD-UH joint projects. Judy Lee, M.A., recently left RETP to begin her internship training at the Tripler Army Medical Center.

RETP is currently spearheading several special projects and consultation services for CAMHD. Special projects include an investigation on Multisystemic Therapy

for local youth, a study examining the quality of care indicated on CAMHD youths' coordinated service plans, and a project investigating provider ratings on CAMHD's Monthly Treatment Progress Summary forms. Regarding consultation, RETP presently assists in CAMHD's Annual Evaluation, ISD Survey, QAIP Annual Evaluation, Consumer Survey, DIG Grant, and Seclusion and Restraints Grant.

RETP members look forward to contributing to CAMHD's efforts toward helping Hawaii's children. Additionally, RETP hopes to continue its role as a vehicle for CAMHD/UHM collaboration, and solidify this relationship through transforming its graduate student temporary-hire positions into formal UHM practicum positions in the near future. For more information about RETP, please contact either Eric Daleiden, at [eldaleid@camhmis.health.state.hi.us](mailto:eldaleid@camhmis.health.state.hi.us) or Chuck Mueller, at [cmueller@hawaii.edu](mailto:cmueller@hawaii.edu).

# Annual Provider Satisfaction Survey - 2005

Over the years the Child and Adolescent Mental Health Division (CAMHD) has conducted provider satisfaction surveys to solicit feedback from its contracted provider agencies regarding its performance in the behavioral health system. Information collected from the survey is shared with all staff and used to identify ways to improve services and our system overall.

CAMHD staff has been involved in continual internal quality monitoring throughout the years in its efforts to improve on its overall relationship in all areas with providers. The satisfaction survey is one of several important components in CAMHD's assessment of the way it performs in managing the effective delivery of vital mental health services to youth and their families as well as in the collaboration with those who directly provide the services.

Prior to 2005 the CAMHD administered its survey twice a year. In response to feedback from the majority of providers the survey is now conducted annually. Fiscal year 2005 marks the first annual

provider satisfaction survey.

Surveys were sent out to twenty-one contracted provider agencies in May, 2005. Twelve (12) providers responded to the survey for a response rate of 57 percent. In 2004 CAMHD received survey returns from the nineteen (19) respondents or a response rate of 90 percent. In 2003 the response rate was 76 percent with sixteen (16) providers responding.

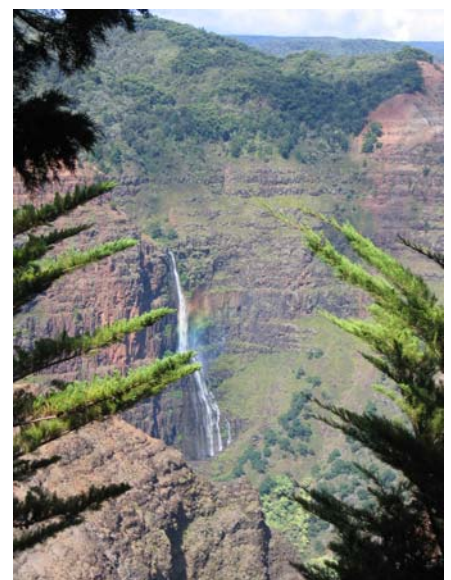
Survey responses were designed on a four (4)-point scale, which included the responses of "Outstanding" (4 points), "Exceeds Expectations" (3 points), "Meets Expectations" (2 points), "Needs Improvement" (1 point) and "Unacceptable" (0 points). In addition, opportunity was provided for supplemental comments to explain "Needs improvement" or "Unacceptable", which could give a clearer picture of their opinions.

Percentages were calculated to reflect whether CAMHD met or did not meet expectations. Meeting Expectations included the three (3) responses, "Outstanding", "Exceeds Expectations" and

"Meets Expectations". Not Meeting Expectations included the two (2) responses, "Needs Improvement" and "Unacceptable".

Respondents of the 2005 survey rated the CAMHD system an average rating of 2.4 on a 4.0 scale with 83% of respondents reporting that CAMHD met performance expectations (i.e., average rating of 2.0 or higher) and overall were satisfied with the CAMHD system. A rating of 2.0 or better represents that respondents see CAMHD as meeting their expectations. Since the Fall of 2003 there have been no significant changes in the ratings across the sections and providers have rated CAMHD as meeting its performance expectations.

The next survey will be distributed in May 2006.



Waimea Canyon, Kauai

Photos by Kris Jenkins



## CULTIVATING THE FIELD OF HAPPINESS-- POSITIVE PSYCHOLOGY AND VALUES IN ACTION INVENTORY OF STRENGTHS

Our aspirations for our clients, ourselves, and our children go beyond the absence of misery. We want to be happy, to thrive. We hope the same for others. To those ends, this article describes the VIA-Inventory of Strengths and discusses possible future applications for us and our clients.

Positive Psychology is a very new field of social science that focuses on the cultivation of happiness (Seligman 2002.) This field is developing its own set of evidence based interventions that help people enhance their experiences of pleasure, engagement, and meaning. In one view, traditional mental health care might be seen as helping people move from discomfort to comfort (from minus five to plus three) and Positive Psychology can be seen as assisting us in moving from comfort toward a condition of thriving (from plus 3 to plus 10.) However research also shows that certain positive experiences, traits, and strengths can be protective/therapeutic factors that buffer negative effects of stress and trauma, preventing or lessening the impact of disorders (Park 2004.) Positive Psychology also includes the possibility that we may be unhappy and happy at the same time, as when someone experiencing depression nevertheless finds life deeply meaningful.

The identification and greater use of one's personal virtues and strengths is a cornerstone of Positive Psychology. Honesty, fairness, love of learning and for-



Magic Island Sunset - April 2004  
Photo by Kris Jenkins

giveness are among the twenty-four common strengths that have been identified. A recent study (Seligman, Steen, Park, and Peterson 2005) found that using one's "Signature Strengths" in new ways for one week could lead to a lasting improvement in happiness. The VIA-Survey of Strengths is administered online from <http://www.authentic happiness.org/Home.html>. Upon completion participants receive a listing of their top 5 Signature Strengths. There is no fee associated with its use, but your responses are used in ongoing research. I found it fun and inspiring to complete and am working on finding ways I might use my signature strengths more.

The VIA-Survey of Strengths for Children is a 207 item self-report questionnaire for children 8 to 17 years that provides a list of the youth's top 5 Signature Strengths. It could be valuable to explore whether this instrument might one day contribute to a more thorough measurement of our clients' strengths for the purposes of the CSP process--or even whether using their Signature Strengths in new ways might improve clients' well-being. For example, the enhancement of optimism has been found to show promise for prevention of depression (Seligman, Reivich, Jaycox, and Gillham 1995.) Since there is not yet an evidence base to document the safety or effectiveness of the VIA-Survey of Strengths for Children for clients, it is premature to apply it to our work. But, interested CAMHD staff might like to take a look at this survey at [www.authentic happiness.org/perl/Children.pl](http://www.authentic happiness.org/perl/Children.pl).

For the References List for cited studies, more information, or to brainstorm about Positive Psychology or Signature Strengths please contact Vicki Stoddard, Ph.D. at the Hawaii Family Guidance Center at [vmstodda@camhmis.health.state.hi.us](mailto:vmstodda@camhmis.health.state.hi.us) or 933-0603.



## Beyond Kids Day

In these days of market “branding,” PACT’s most recognized “brand” is the Kids Day newspaper, a once-a-year special edition of the Honolulu Advertiser to benefit Hawaii’s children. This year’s front page lead story featured a child receiving CAMHD-supported Intensive Support Services for autism. PACT used this media opportunity to show the public in personal terms what challenges autism presents to children and their families, and how intensive services provide individualized home and school services. This feature article explained how skills trainers work with children, and described the progress made by the child.

The Kids Day event exemplifies how PACT partners in the community to advocate for children and their families. PACT creates opportunities for individuals and families to identify, address and bring to resolution the challenges they face on a daily basis. These challenges include not only developmental and behavioral difficulties of children and adolescents ad-

ressed by partnering with CAMHD, but also such challenges as risk of abuse, poverty, poor school performance, family violence, lack of English literacy, and numerous socio-economic barriers facing immigrants. Over the past 36 years PACT has developed a broad spectrum of services to meet a range of such needs.

PACT has an especially noteworthy history advocating for reform of child abuse and neglect services, including leading the development of Blueprint for Change, a neighborhood-based prevention approach. PACT has also taken a lead in the Windward area, partnering with:

- Community Works 96744 coalition [zip code area of Kaneohe and nearby communities, including the Castle complex schools] to prevent substance abuse among youth and promote responsible behaviors and good citizenship.
- Harold K.L. Castle Foundation to improve services for domestic violence.

Among PACT’s most recent additions to its services for children and youth are:

- Counseling and advocacy for children who come to PACT’s domestic violence shelter with their moms; without intervention children exposed to family violence often show developmental delays, relationship and behavioral difficulties, and poor school performance. This builds upon PACT’s experience with treatment for victims of domestic violence, their perpetrators and children.
- Substance abuse and smoking prevention for middle schoolers in Kaneohe through our Family Centers and at Kuhio Park Terrace/Kuhio Homes public housing Community Teen Program
- Peer counseling training for low-income nursing mothers participating in WIC

PACT is also noted for its prevention programs, which reach children as young as possible with its Hana Like Home Visitor (Healthy Start) services and Early Head Start/ Head Start program. PACT been a leader in involving parents with their children’s literacy preparedness with its Parental Involvement Resource Centers (PIRC), and in the involvement of fathers with their children through the use of male home visitors, men’s groups and the Hawaii Coalition for Dads.

To learn more about PACT, Kids Day, or PACT’s book *What Every Parent Should Know: Advice from Hawaii’s Keiki for Parents Everywhere* (the best of kids’ contributions to Kids Day contests), call 847-3285, or visit PACT’s website at [www.pacthawaii.org](http://www.pacthawaii.org).





# Central Oahu Family Guidance Center

The Central Oahu Family Guidance Center is located at 860 Fourth Street, on the second floor of the Leeward Health Center Building in Pearl City. This guidance center serves youth and families in Central District.

The program has two Sections headed by two Mental Health Supervisors, Leah Chang and Earl Young, each supervising 4 Mental Health Care Coordinators:

Joanna Peter, Liane Nakamichi, Kahea Freitas, Beverly Okabe, Emily Ishado, Melanie Migvar, Keith Izawa, Marissa Baligad.

The DOE Central District schools are the major source of referrals to the program with point of contact being the Mental Health Care Coordinators who participate in peer review meetings. The program also receives referrals from the community and child-serving agencies, in particular DHS. These referrals are processed by the two Mental Health Supervisors.

The half-time Clinical Director position is currently vacant and recruitment is in process. Branch Chief is Alton Tamashiro and clerical support staff include Branch Secretary, May Shindo; Clerk, Eric Parayno; and Clerk Typist, Charlyn Yonesaki. Barry Constantino is the PHAO and the primary point of contact on service authorizations and billing questions. The Quality Assurance Specialist is Judith Clarke and

the Clinical Psychologist is Dawn Pang. Jonni Adaniya is the HFAA Parent Partner who works in concert with our MHCCs to outreach some of our interested families. Jonni conducts a Parent Support Group once a month at the guidance center.

Collaboration with provider agencies and the treatment teams is essential in providing quality care to our youth and families. The program asks that provider agencies feel free to call and speak with any of the respective staff for assistance. The main phone number to Central Oahu Family Guidance Center is 453-5900.



## 2005 Aloha United Way Campaign

It's that time again, Aloha United Way Campaign! The Department of Health (DOH) campaign runs from August 1, 2005 to September 15, 2005. Valarie Nobriga of our Clinical Services Office is CAMHD's AYW Campaign Coordinator for this year. She and the DOH Campaign Committee, with great enthusiasm, put together exciting ideas for this year's fundraising events!

Our ENTHUSIASTIC Coordinator opened the campaign on August 3<sup>rd</sup> with the startup AYW Rally held at the Diamond Health Center Room 418 with coffee and ono pastry. RAH! RAH! RAH! was her spirited cry as she distributed pledge cards (which were due back on September 1<sup>st</sup>).

Events that followed included a Pizza Day, a Chili Day, and a Bento Day with special bentos provided by Sam Choy's restaurant. Other fundraising activities included the sale of DA BLINKIES...flashing honu, dolphins, Hawaiian Flag, Star and Butterfly and the sale of chocolate chip macadamia nut cookies.

The last event of the campaign, a silent auction was held on September 2<sup>nd</sup>. For the month of August CAMHD participation brought nearly \$ 1137.00 in donations. Great job by Valarie and company for their hard work and spirited efforts to bring in donations. Anyone who has missed these events can still make contributions. Please contact Valarie at 733-9007 or by email at [vanobrig@camhmis.health.state.hi.us](mailto:vanobrig@camhmis.health.state.hi.us). Should you have any questions or desire to make a contribution to a very worthy cause.



## *Event of Note*




Congratulations to **Bruce Chorpita**, former CAMHD Clinical Director. τ

The University of Hawaii's Board of Regents has awarded Dr. Bruce Chorpita the Regents' Medal for Excellence in Research in "recognition of scholarly contributions that expand the boundaries of knowledge and enrich the lives of students and the community."

Dr. Chorpita, formerly CAMHD's Clinical Director and currently an associate professor of psychology at Manoa, is a nationally recognized leader in research, policy and practice related to the implementation of clinical practice technologies for children.

His work focuses on understanding the nature of anxiety disorders in youth as well as developing innovative ways to analyze existing research to improve professional practice and policy. His efforts have resulted in the development of new service delivery platforms for scientifically tested intervention strategies.

Preliminary findings suggest that Chorpita's ideas on how to improve mental health services for youth are extremely effective and may revolutionize psychological treatment of children as well as adults.



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Please visit us on the Internet at  
[www.hawaii.gov/health/mental-health/camhd/index](http://www.hawaii.gov/health/mental-health/camhd/index).

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